

| POSITION                  | INITIALS     | ID NO.         | DATE            |
|---------------------------|--------------|----------------|-----------------|
| FEE DETERMINATION         | <i>James</i> | <i>52</i>      | <i>27-31-01</i> |
| O.I.P.E. CLASSIFIER       | <i>KS</i>    | <i>5C3-883</i> | <i>6/11</i>     |
| FORMALITY REVIEW          | <i>BZ</i>    |                | <i>27-25-01</i> |
| RESPONSE FORMALITY REVIEW |              |                |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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